

## **CAUTION:**

**IF YOU ARE USING A PUBLIC ACCESS  
COMPUTER, (I.E., PUBLIC LIBRARY, ETC.)  
BE CERTAIN YOU DRAG THIS FORM TO THE TRASH CAN  
AND EMPTY THE TRASH WHEN FINISHED.**

**THIS WILL PREVENT UNAUTHORIZED  
ACCESS TO PERSONAL INFORMATION SUCH AS  
YOUR NAME, HOME ADDRESS, AND  
SOCIAL SECURITY NUMBER.**

U.S. Department of Health and Human Services  
National Institutes of Health

**NIH Loan Repayment Programs**

**Applicant Information**

**Applicant's Instructions:**

Please complete all sections of this form. Attach a copy of your *curriculum vitae* (see reverse for requirements), your personal statement, your loan data verification form(s), and your signed contract. See reverse for detailed instructions.

*Send this package to the National Institutes of Health Loan Repayment Programs, Federal Building, Room 604, Bethesda, Maryland 20892-9121.*

1. Applicant's Name ( <i>Last, first, middle</i> )		1a. Other Names Used ( <i>e.g., maiden</i> ) ( <i>Last, first, middle</i> )	
2. Professional Degree(s) ( <i>If you have a Ph.D., you must attach your dissertation abstract.</i> )		3. Social Security No. ( <i>Giving your Social Security number (SSN) is voluntary; however, it is necessary for processing your application. If we do not have your SSN, we cannot process your application. Please see the Privacy Act information in this package.</i> )	
4. Indicate the NIH loan repayment program you are applying to  <input type="checkbox"/> General Research Loan Repayment Program  <input type="checkbox"/> AIDS Research Loan Repayment Program  <input type="checkbox"/> Clinical Research Loan Repayment Program for individuals from Disadvantaged Backgrounds ( <i>See reverse for eligibility restrictions and special instructions.</i> )		5a. Do you owe a service obligation to a Federal, State, or other entity? ( <i>See reverse.</i> )  <input type="checkbox"/> No. ( <i>Skip to Item 6.</i> )  <input type="checkbox"/> Yes. ( <i>Go to Item 5b.</i> )	
5b. Name and address of the program			
5c. Name and phone number ( <i>including area code</i> ) of individual representing the program		5d. Give the date you expect to fulfill the obligation. If the obligation is deferred, attach a copy of the letter of deferment.	
6. Anticipated NIH Start Date ( <i>See reverse.</i> )		7. Completion of this item is VOLUNTARY; the information provided will be used to measure the extent to which members of these groups are applying for and receiving NIH Loan Repayment Program contracts. Failure to answer this question will have no effect on your consideration for these programs.	
<b>8. Certification of Nondelinquent Status</b>  The Federal Debt Collection Procedures Act of 1990 precludes a debtor who has a Federal judgment lien against his/her property arising from a Federal debt from receiving Federal funds until the judgment is paid in full or otherwise satisfied. Applicants for the NIH Loan Repayment Programs must certify that they do not have a judgment lien against their property arising from a debt to the United States.  <i>I hereby certify</i> that I [do <input type="checkbox"/> ] [do not <input type="checkbox"/> ] have a judgment lien against my property arising from a debt to the United States.  <i>I hereby certify</i> that I [am <input type="checkbox"/> ] [am not <input type="checkbox"/> ] delinquent on any debt to the United States.		<b>a:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male  <b>b:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino  <b>c:</b> ( <i>Select one or more</i> ) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White	
<b>9. Certification.</b> I certify that the information given in this application is true, complete, and accurate to the best of my knowledge and does not omit any material fact which would render the statement false, fictitious, or fraudulent as a result of the omission. I understand that the information given may be investigated and that any false representation is sufficient cause for rejection of this application, or, if awarded loan repayment, that I am liable for return of all awarded funds and, further, that any false statement may be punished as a felony under U.S.		Code, Title 18, Section 1001. I am aware that any false, fraudulent, or fictitious statement may, in addition to other remedies available to the Government, subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986.  I authorize the program named in Item 5 to release information about my service obligation to administrators of the NIH Loan Repayment Programs, and to other authorized Government officials.	
Signature ( <i>Sign your full name in ink.</i> )		Date	

# Application Instructions for the National Institutes of Health (NIH) Loan Repayment Programs (LRP)

The "Applicant Information" form (NIH 2674-1, pages 1-2), "Loan Data Verification" form(s) (NIH 2674-2), "NIH Loan Repayment Programs Contract" (NIH 2674-4), and their required attachments should be completed and sent directly to the National Institutes of Health Loan Repayment Programs, Federal Building, Room 604, Bethesda, Maryland 20892-9121. Individuals are also responsible for ensuring that three references each complete an "Evaluation and Recommendation" form (NIH 2674-1, page 3) and send them directly to the LRP at the address above (envelopes are provided in this package.)

Applicants to the AIDS Research Loan Repayment Program must also submit the "ICD Recommendation: Proposed Research Assignment" form (NIH 2674-3, page 2) in consultation with their employing Institute, Center, or Division (ICD) and NIH research advisor/supervisor. The NIH may only consider applications of individuals who have received a two-year minimum employment commitment or three-year employment commitment for the General Research LRP to conduct qualified research as NIH employees. Individuals may consult the LRP InfoLine at 800-528-7689 for further information, assistance, and NIH ICD representatives.

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## Instructions for Form NIH 2674-1 (Revised 9/96)

### Curriculum Vitae (C.V.) Requirements

C.V.'s should include the following:

- Identification and contact information, which includes your name, home address, home and work phone numbers, and citizenship status.
- Education and professional training information such as undergraduate, graduate, and medical; internship, residency, subspecialty, and other postdoctoral fellowships or training programs attended and completed, including the name of the institution; the periods of attendance or participation; degrees, board eligibility and certifications and credentials received; and any professional positions held prior to duty at NIH.
- Description of previous research or laboratory experience, including dates, time spent, name of preceptor, and the research area
- Publications, if any.

*Item (Items not listed are considered to be self-explanatory.)*

#### 2. Professional Degree(s)

Enter all post baccalaureate degrees (i.e., M.D., Ph.D., M.P.H.). If you have a Ph.D., you must attach your dissertation abstract.

#### 3. Social Security Number

The Social Security number (SSN) is required to identify applicants who are selected for LRP contracts to the U.S. Department of the Treasury, Internal Revenue Service, for the payment of Federal income tax on LRP funds paid to your lenders. (See Privacy Act Notification Statement in this package.) Your SSN is used for identification purposes only.

#### 4. Clinical Research LRP

Only individuals from disadvantaged backgrounds are eligible for the Clinical Research LRP. An individual from a disadvantaged background (42 CFR Part 57.1804[c]) is one who:

- (1) Comes from an environment that inhibited the individual from obtaining the knowledge, skill, and ability required to enroll in and graduate from a health professions school; or
- (2) Comes from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary for use in all health professions programs. The Secretary periodically publishes these income levels in the *Federal Register*.

An individual must certify disadvantaged status under the above definition by submitting the following with this form:

- (1) written statement from the individual's former health professions school(s) that he/she qualified for Federal disadvantaged assistance during attendance; OR (2) a personal statement explaining the applicability of the above definition to his/her circumstances. Current financial need alone is *NOT* sufficient to classify an individual as being from a disadvantaged background.

#### 5a. Service Obligation

Enter yes or no as to whether or not you currently owe a service obligation to a Federal, State, or other entity. The following are examples of programs requiring service obligations:

- Physicians Shortage Area Scholarship Programs (Federal or State)
- National Research Service Award Program
- Public Health Service Scholarship Program
- National Health Service Corps Scholarship Program
- Armed Forces (Army, Navy, or Air Force) Health Professions Scholarship Program
- Indian Health Service Scholarship Program

Individuals with obligations under these programs (including monetary penalties resulting from failure to serve as required) are ineligible for the LRP until these obligations are satisfied or unless their service obligation has been deferred by the appropriate Federal, State, or other entity for the period of their service obligation to the LRP.

No loan will be repaid under the LRP which will have the effect of eliminating any service obligation, or which conflicts with an existing service obligation.

#### 5c. Name and Phone Number of Individual Representing the Program

Enter the name and telephone number of the program official who can confirm the nature of your obligation.

#### 5d. Date of Service Satisfaction

Enter the date that you will satisfy your obligation or, if deferred, provide a copy of a letter of deferment which indicates the deferment period.

#### 6. Anticipated NIH Start Date

Indicate the date you will be able to start working at NIH, the enter-on-duty (EOD) date stated in your offer of employment from the Personnel Office, or your actual EOD date if you have already commenced NIH employment. Note that the two-year or three-year minimum service requirement and the determination of benefits both begin as of the program eligibility date, the date by which the Secretary, HHS, executes your contract and you begin a qualified research assignment as an NIH employee.

#### 7. Gender/Race/Ethnicity (Voluntary)

Completion of this item is VOLUNTARY. Failure to answer this question will have no effect on your consideration for this program. This information will be used only for purposes of identifying the number of applications received from and contracts awarded to individuals from these groups.

#### 9. Certification

Your application cannot be considered unless this Certification is signed and dated.

U.S. Department of Health and Human Services  
National Institutes of Health

**NIH Loan Repayment Programs**

**Applicant Information:  
Personal Statement**

Applicant's Name (*Last, first, middle*)

**Applicant's Instructions:**

- A. Using the space provided below and on the reverse, answer the following questions:
- What are your career goals?
  - What are your research and academic objectives?
- B. This form must be typewritten.

(continued on reverse)

NIH 2674-1 (Rev. 9/96)  
PAGE 2 (FRONT)

Public reporting for this collection of information is estimated to average 60 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to NIH, Project Clearance Office, 6701 Rockledge Drive, MSC 7730, Bethesda, MD 20892-7730, Attention: PRA (0925-0361). Do not return the completed form to this address.

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**NIH Loan Repayment Programs**

**Applicant Information:**  
**Personal Statement** *(continued)*

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U.S. Department of Health and Human Services  
National Institutes of Health

**NIH Loan Repayment Programs**

**Applicant Information:  
Recommendation**

Information provided on this form will be used by NIH officials considering applications to the NIH Loan Repayment Programs.

**Applicant's Instructions:**

Please complete Section A. Give this form and one of the enclosed return envelopes to three individuals who can assess your academic, clinical, research, and other relevant skills and abilities.

**Recommender's Instructions:**

Please complete Section B and return the form in the envelope provided. If you have any questions, please call 1-800-528-7689.

**Section A-- The applicant completes this section.**

1. Applicant's Name (*Last, first, middle*) Please print.

2. Position Title ☐ NIH Clinical Associate ☐ Research Associate  
☐ Staff Fellow ☐ Medical Officer ☐ Nurse  
☐ Other: \_\_\_\_\_

3. Brief Description of Position

**Applicant's Certification**

I certify that I am requesting a recommendation from an individual of my choosing which will be included in my NIH Loan Repayment Program (LRP) application. My application, including the completed recommendation forms submitted by my recommenders, will be used by NIH officials to determine my eligibility for participation in an LRP. I understand that the recommendation I am requesting shall be held in confidence and protected from disclosure by officials of the NIH Loan Repayment Programs according to Privacy Act System of Records #09-25-0165 (see *Assurance of Confidentiality and Privacy Act Notice* in this application package).

***I understand that I will not have access to this recommendation, based on the promise of confidentiality provided to my recommender in Section B of this form and in accordance with Section 552a(k)(5) of the Privacy Act of 1974.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Section B-- The recommender completes this section.**

***Please note*** that the information provided in this section ***shall be held in confidence and protected from disclosure*** by officials of the NIH Loan Repayment Program according to the Privacy Act System

of Records #09-25-0165 only if the applicant's signature appears above (See Assurance of Confidentiality and Privacy Act Notice in this application package.)

1. Name of Recommender (*Last, first, middle*)

2. How long have you known the applicant?

3. Recommender's Position and Institution (*University, Medical School, or Hospital*)

4. Mailing Address and Phone Number (*including area code*)

5. What is your estimation of the applicant's potential for research and academic medicine?

☐ Best (Top 1%) ☐ Top 10% ☐ Average  
☐ Top 5% ☐ Top 33 1/3% ☐ Below Average

Comments: \_\_\_\_\_

6. How apt a scholar is the applicant? Consider class standing, grades, scholastic honors, special training, or any other factors known to you which you deem pertinent to the applicant's potential success in basic and/or clinical research.

☐ Best (Top 1%) ☐ Top 10% ☐ Average  
☐ Top 5% ☐ Top 33 1/3% ☐ Below Average

Comments: \_\_\_\_\_

(continued on reverse)

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**NIH Loan Repayment Programs**

**Applicant Information:  
Recommendation (*continued*)**

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7. Please rate the applicant with respect to the qualities set forth in the table below.

Quality	No Basis for Judgment	Among the Top 1%	Among the Top 5%	Among the Top 10%	Among the Top 33 1/3%	Average	Below Average
Clinical capabilities							
Initiative							
Sustained hard work							
Rapport with patients							
Rapport with preceptors							
Rapport with co-workers							

8. What are the main strengths and assets which the applicant will bring to the position for which he/she is applying?

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9. What are the weaknesses which might limit the applicant's effectiveness in the position for which he/she is applying?

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10. What is your overall recommendation for the applicant? (*Check one.*)

☐ High    ☐ Above Average    ☐ Average    ☐ Low    ☐ Do not recommend

*Additional comments*

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11. Signature

Date